

CLAIMANT'S NAME Stephen M. Hardy			SOCIAL SECURITY NUMBER* On-file			DEPARTMENT Alcoholic Beverage Control		
POSITION Director		CB/ID NUMBER	DIVISION OR BUREAU Headquarters				INDEX NUMBER 5000	
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS (DISTRICT OFFICE) 3927 Lennane Drive, Ste. 100				TELEPHONE NUMBER	
CITY		STATE	ZIP CODE	CITY		STATE		ZIP CODE
				Sacramento		CA		95834

(1)MONTH/YEAR May-10		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDEN- TALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
05/04	1222 1428	SACTO							7.50		0.00		7.50	
05/05	1757 1857	SACTO							5.25		0.00		5.25	
05/06	0915 1347	SACTO							15.00		0.00		15.00	
05/11	1705	OAKLAND BY BRIDGE							4.00		0.00		4.00	
05/11	2037	OAKLAND BY BRIDGE							4.00		0.00		4.00	
05/11	0524 0803	SAN FRANCISCO							9.00		0.00		9.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		44.75	0	0.00	0.00	44.75
CLAIM TOTAL													\$44.75	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

05/04-Mtg. w/Neighborhood Assoc.; 05/05-Attended Legislative Assoc.; 05/06-Law Enf. Brkfst. & Legislative Budget Hearing;
05/11-Tolls for Bridge & parking for Forum mtg. in SF (All parking & tolls for Administrative Purposes)

(12) NORMAL WORK HOURS 0800-1500	INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TOTALS	
											0.00	
(13) PRIVATE VEHICLE LICENSE No.											0.00	
											0.00	
(14) MILEAGE RATE CLAIMED											0.00	
0.500											0.00	
AGENCY ACCOUNTING OFFICE USE ONLY											0.00	
											0.00	
											0.00	
PAID BY REV. FUND CHECK No.											0.00	
TOTALS						TOTALS					0.00	0.00

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)			DATE